## **CORRECTION AFFIDAVIT**

CANDIDATE / OFFICEHOLDER   MS/MRS/MR   FIRST   MI   MS/MRS/MR   FIRST   MI   MS/MRS/MR   MS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/M	
CANDIDATE / OFFICEHOLDER NAME	CANDIDA I E/OFFICEHOLDER
CANIDATE   MS JARS JAR   HIST   Add is   SUFFE   MS JARS JAR   HIST   Add is   SUFFE   MS JARS JAR   HIST   MS JAR   HIST   M	3
Jerusny 15	OFFICEHOLDER NAME  NICKNAME  Addie  NICKNAME  LAST  MI  MI  MI  SUFFIX
ORIGINAL PERIOD COVERED  ORIGINAL PERIOD COVERED  Date Interport  ORIGINAL PERIOD COVERED  Date Interport  ON ON THROUGH Ob 31 05  Date Imaged  Date Interport  Through Ob 31 05  Date Interport  Date Interport  Date Interport  Date Interport  Through Ob 31 05  Date Interport  Date Interport  Through Ob 31 05  Date Interport  Date Interport  Date Interport  Through Ob 31 05  Date Interport  Date Interport  Date Interport  Through Ob 31 05  Date Interport  Through Ob 31 05  Date Interport  Date Interport  Date Interport  Date Interport  Date Interport  Through Ob 31 05  Date Interport	ORIGINAL REPORT TYPE  July 15  Exceeded \$500 limit  Receipt # Anount  Anount  Receipt # Anount
Correction of address for Waste Managemen  Correction of Complete address for:    Hard Rock Cafe	8th day before election Final report  ORIGINAL Month Day Year Month Day Year  Deta Processed
I swear, or affirm, under penalty of perjury, that this correct report is true and correct.  Check ONLY if applicable:  I swear, or affirm, that I am filing this corrected report in later than the 14th business day after the date I learn that the report as originally filed is inaccurate or incomplet I swear, or affirm, that any error or originally filed was made in good faith.  AFFIX NOTARY STAMP / SEAL ABOVE  Signature of Candidate or Officeholder  This the IT day of It is the It day of It day of It is the It day of It is the It day of It	z)Lurar Rendezvous
GAIL DEMPSEY MY COMMISSION EXPIRES April 28, 2009  I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm, that any error or or incomplet I swear, or affirm, that any error or or incomplet I swear, or affirm, that any error or or incomplet I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm, that I am filling this corrected report in later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplet I swear, or affirm.  Signature of Candidate or Officeholder  This the I day of I	I swear, or affirm, under penalty of perjury, that this correct
later than the 14th business day after the date I learned that the report as originally filed is in accurate or incomplet I swear, or aftern, that any error or officient in the report originally filed was made in good faith.  AFFIX NOTARY STAMP / SEAL ABOVE  Signature of Candidate or Officeholder  Sworn to and subscribed before me by ADDIE WISEMAN  this the 11 day of 10 day	Check ONLY if applicable:
Sworn to and subscribed before me by ADDIE WISEMAN this the 11 day of 11/1/20 to certify which, witness my hand and seal of office.	GAIL DEMPSEY MY COMMISSION EXPIRES April 28, 2009  I swear, or affirm, that I am filing this corrected report in later than the 14th business day after the date I learned that the report as originally filed is in accurate or incompleted in swear, or affirm, that any error or
20 Db. to certify which, witness my hand and seal of office.	AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder
Lin All	Sworn to and subscribed before me by ADDIE WISHAW this the 1th day of 11/11.
4\010\0\010\010\010\010\010\010\010\010\	20 Do. to certify which, witness my hand and seal of office.
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath	Soul New Sell ( in all ) dominant it later all

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		SCHEDULE A	
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule &			
FILER NAME	Addic Wiseman		3 ACCOUNT# (Et	nics Commission filers)	
Date 5/16/05	6 Full name of contributor □oul-of-state PAC (ID#_ Waste Management N		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable	
Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:_  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable	
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)		
Oate	Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable	
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (IDM:		Amount of contribution (\$)	In-kind contribution description (if applicable	
Principal occupation / Job title (See Instructions) Employer (See In			nstructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See Inc	structions)		
if contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	S OF THIS FORM A	AS NEEDED		

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506		
POLITI	CAL EXPENDITURES		SCH	EDULE F		
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:			
2 FILER NAM	Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)			
	Hand Rock Cafe 6 Payee address; City: State: Zip Code 560 TEXAS Ave. Houston, Tx 776		* 86°	Amount (\$)		
8 Purpose of pay required.)	ment (See instructions regarding type of information meals	9 ·· Complete if di Candidate / Officeholder r	rect expenditure to benefit C/6 name Office sought	Office held		
Date 6   15   05	Payee name  Lunar Rendezvous Payee address: City: State: Zip Code 1201 Nasa Rd. 1 Hous TON, Tx 770	ω <i>⊆θ</i>	\$ 1.5	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.)						
. Date	Payee address; City; State; Zip Code			Arnouni (\$)		
Purpose of pay required.)	ment (See instructions regarding type of information	↔ Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/C ame Office sought	Office held		
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)		
Purpose of payi required.)	ment (See instructions regarding type of information	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder no</li> </ul>	ect expenditure to benefit C/C	H ↔ Office held		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED			